

PTO/SB/22 (06-04)

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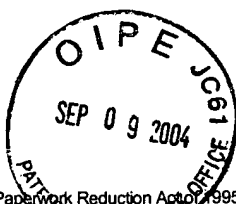
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) WIBL-P02-518	
Application Number 10/074789		Filed February 12, 2002	
For METHODS FOR CLASSIFYING SAMPLES AND ASCERTAINING PREVIOUSLY UNKNOWN CLASSES			
Art Unit 1631		Examiner M. A. Moran	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 54,408	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)	
_____ Signature		_____ Date	
_____ Melissa S. Rones Typed or printed name		_____ (617) 951-7653 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input checked="" type="checkbox"/>	Total of 1 forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/7/04

Signature:

(Ginny Blundell)



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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	10/074789
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 12, 2002
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Todd Golub
420.00		Examiner Name	M. A. Moran
		Art Unit	1631
		Attorney Docket No.	WIBL-P02-518
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1051 130 2051 65 Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1053 130 1053 130 Non-English specification	
FEE CALCULATION		1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
1. BASIC FILING FEE		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
Large Entity Small Entity		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		1251 110 2251 55 Extension for reply within first month	
1001 770 2001 385 Utility filing fee		1252 420 2252 210 Extension for reply within second month	
1002 340 2002 170 Design filing fee		1253 950 2253 475 Extension for reply within third month	
1003 530 2003 265 Plant filing fee		1254 1,480 2254 740 Extension for reply within fourth month	
1004 770 2004 385 Reissue filing fee		1255 2,010 2255 1,005 Extension for reply within fifth month	
1005 160 2005 80 Provisional filing fee		1401 330 2401 165 Notice of Appeal	
SUBTOTAL (1) (\$)		1402 330 2402 165 Filing a brief in support of an appeal	
0.00		1403 290 2403 145 Request for oral hearing	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
Total Claims 21 -70** = 0 x 0 = 0.00		1452 110 2452 55 Petition to revive - unavoidable	
Independent Claims 12 -11** = 1 x 86.00 = 86.00		1453 1,330 2453 665 Petition to revive - unintentional	
Multiple Dependent		1501 1,330 2501 665 Utility issue fee (or reissue)	
Large Entity Small Entity		1502 480 2502 240 Design issue fee	
Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		1503 640 2503 320 Plant issue fee	
1202 18 2202 9 Claims in excess of 20		1460 130 1460 130 Petitions to the Commissioner	
1201 86 2201 43 Independent claims in excess of 3		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
1203 290 2203 145 Multiple dependent claim, if not paid		1806 180 1806 180 Submission of Information Disclosure Stmt	
1204 86 2204 43 ** Reissue independent claims over original patent		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
SUBTOTAL (2) (\$)		1810 770 2810 385 For each additional invention to be examined (37CFR 1.129(b))	
86.00		1801 770 2801 385 Request for Continued Examination (RCE)	
**or number previously paid, if greater; For Reissues, see above		1802 900 1802 900 Request for expedited examination of a design application	
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	
		420.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Melissa S. Rones	Registration No. (Attorney/Agent)	54,408
Signature		Telephone	(617) 951-7653
		Date	September 7, 2004

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Dated: 9/7/04	Signature: (Ginny Blundell)